

DEPARTMENT OF HEALTH

Angela Braun, R.S.
DIRECTOR OF HEALTH



BOARD OF HEALTH
DONNA S. DAVID, R.N., M.N.
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Phone (617) 993-2720
Fax (617) 993-2721

P.O. BOX 56, 19 MOORE STREET
BELMONT, MASSACHUSETTS 02478

March 2015

TO: Day Camp Directors
FROM: Angela Braun, RS,
Director of Health
RE: Day Camp Licensing

Your day camp licensing packet is enclosed. Please review the entire packet and complete the requirements from the list below that you must return to us. Should you be adding any water activities to your program please refer to Mass. General Law Chapter 111, Section 127A.5.

Please remember that the safety and health of the campers is our primary focus.

Fees are listed below:

1 – 99 campers enrolled	\$175
100 – 300 campers	\$200
More than 300 campers	\$250

All checks should be made payable to the Town of Belmont.

The Health Department is located in the Homer Municipal Building at 19 Moore St. on the second floor. Our telephone number is 617-993-2720 and our fax number is 617-993-2721.

**PLEASE RETURN THE FIRE DEPARTMENT INFORMATION TO THE FIRE
DEPARTMENT AS REQUESTED.**

THE FOLLOWING MUST BE RETURNED TO THE HEALTH DEPARTMENT:

- 1) Application with all four pages completed; be specific about the locations so that the Building Department can give us the correct Certificates of Inspection
- 2) Tax Certification
- 3) Workmen's Comp Affidavit
- 4) Copy of the first page of your Workmen's Comp Insurance Policy
- 5) Health Care Consultant Agreement
- 6) Your Camp Brochure
- 7) Information that you give to parents when a child is enrolled

Please send this packet according to the timeline in your licensing packet; don't hold everything until you receive the last piece. Put a note on it to let us know what is missing from the packet. The Assistant Director, and David Neylon, the Public Health Nurse will be conducting the inspections this year. As in other years, the spring and early summer is very busy for health departments, so please get the licensing packets to us according to the enclosed schedule.

If you would like to drop off your policy manual for us to review before we come for an inspection, that procedure has worked very well for a couple of the camps over the years. We will return the manual to you immediately after we review it.

Thank you for your cooperation. Don't hesitate to call us with questions or e-mail me if that is easier at abraun@belmont-ma.gov .

For additional guidance and resources for operating a recreational camp, go to:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/comm-sanitation/camps-recreational.html>

**TOWN OF BELMONT
HEALTH DEPARTMENT**

DAY CAMP PROCEDURE CHECKLIST

- _____ Application and Licensing Fee mailed to Health Dept.
6 Weeks Prior to Opening
- _____ Fire Evacuation Plan to Fire Department
4 Weeks Prior to Opening
- _____ Copies of the Following Policies and Procedures Must be in
A Notebook for Inspection 2 Weeks Prior to Opening:
- _____ Background Check Review Procedure
 - _____ Staff Orientation Plan/Checklist
 - _____ Prevention/Reporting Suspected Abuse or Neglect
 - _____ Health Care Policy
 - _____ Health Care Consultant Agreement
 - _____ Discipline/Behavior Management Policy
 - _____ Fire Evacuation Plan
 - _____ Disaster Plan
 - _____ Plan for Lost Camper
 - _____ Plan for Lost Swimmer (if applicable)
 - _____ Traffic Control Plan
 - _____ Plan for Arrival of Un-enrolled Camper
 - _____ Plan for No-Show of Enrolled Camper
 - _____ Plan for No-Show of Camper at End of Day
 - _____ Plan for Meals and Snacks
 - _____ Plan for Camper Who Forgets Lunch
 - _____ Standing Orders by Health Care Consultant
- _____ Copies of the Promotional Literature and Informational Packet
Sent to Parents (Must Be Given to Health Department 2 Weeks Prior to
Opening) Which Must Include:
- _____ Plan for the Care of Mildly Ill Campers
 - _____ Plan for the Administration of Medication
 - _____ Procedures for Emergency Care
 - _____ Traffic Control Plan
 - _____ Includes Statement: "This camp must comply with
Regulations of the Massachusetts Department of Public
Health and be licensed by the local board of health."

_____ Information that Copies of the Following Are
Available Upon Request:

- _____ Background Check Review Policy
- _____ Health Care Policy
- _____ Discipline/Behavior Management Policy
- _____ Grievance Procedure

_____ Staff (18 Years of Age or Older) Files Ready for Review
2 Weeks Prior to Opening; Each To Include:

- _____ Resume or Application That Includes
 - _____ Educational Background
 - _____ Complete Work History
 - _____ Proof of Special Training
i.e. Aquatics, Archery, Etc.
- _____ Proof of 3 Positive Reference Checks
- _____ Criminal Background Check
- _____ Sex Offender Background Check
- _____ Signed Staff Orientation Form
- _____ Immunization Record (Signed by Physician)
- _____ Allergies and Medications Taken
- _____ Emergency Contact
- _____ Health Care Provider
- _____ Health History (Must be physical signed by
physician within 2 years of start of camp if
camp is primarily a sports camp.)

_____ Camper and Staff Records (Under 18 Years of Age) Files
Ready for Review Two Weeks Prior to Opening: Must Include:

- _____ Personal Information
- _____ Parent or Guardian Information
- _____ Health Care Provider/ Health Insurance
- _____ Emergency Authorization
- _____ Child Release Information
- _____ Immunization Record (Signed by Physician)
- _____ Health History Signed by Parent (For Sports
camps, must be physical signed by physician
within two years of camp dates.)



CAPTAIN JOHN A. PIZZI

BELMONT FIRE DEPARTMENT

FIRE PREVENTION BUREAU
P.O. BOX 421
299 TRAPELO ROAD
BELMONT, MASSACHUSETTS 02478



TELEPHONE
617-993-2210
FAX 617-993-2211

March 2, 2015

To whom it may Concern:

In order to comply with the requirements of 105 CMR 430, it is required that the recreational camp directors read and complete the attached application forms. These forms include:

1. RC-FORM A, Recreational Camp Inspection Request;
2. RC-FORM B, Fire Prevention Inspection Checklist

In order to assist you in developing a Fire Evacuation Plan/Fire Drill Plan, as required by 105 CMR 430 (Section 210), the Belmont Fire Department has provided, for your use, Fire Evacuation Plan/Fire Drill guidelines. It should be noted that each camp, its location, and its occupants have unique characteristics. It is the responsibility of the camp director as required by their defined duties in 105 CMR to develop a Fire Evacuation/Fire Drill Plan. This plan must be submitted to the Belmont Fire Department for approval.

RC-FORM A and RC-FORM B must be filled out completely, signed and returned to:

Captain John A. Pizzi
Belmont Fire Department
Fire Prevention Bureau
299 Trapelo Road
Belmont MA 02478

No inspection will be scheduled until the above forms have been filled out completely and the Fire Evacuation Plan/Fire Drill Plan returned to the Fire Prevention Bureau. The Fire Prevention Bureau will contact you to schedule an inspection.

Sincerely,

John A. Pizzi
Captain, Fire Prevention Bureau



CAPTAIN JOHN A. PIZZI

BELMONT FIRE DEPARTMENT

FIRE PREVENTION BUREAU

P.O. Box 421

299 TRAPELO ROAD

BELMONT, MASSACHUSETTS 02478



TELEPHONE
617-993-2210
FAX 617-993-2211

RC-Form-A

Recreational Camp Inspection Request

No inspection will be scheduled until this form (RC-Form A), the Fire Prevention Inspection Checklist (RC Form B) and an Evacuation Plan are submitted.

Name of Camp: _____ Phone # _____

Address: _____

Camp Owner: _____ Phone# _____

Address: _____ City: _____ Zip: _____

Camp Director: _____ Phone# _____

Capacity of Camp (# of Occupants) : _____

Camp Type: Residential (operates 24 hours) ☐ Day (less than 24 hours) ☐

Camp Start Date: _____

Do you anticipate over-nights? Yes ☐ No ☐

If Yes, where? _____

of sessions per season: _____ Hours: _____ am - _____ pm

The following types of Fire Protection Equipment, if present, require that a copy of the last quarterly or most recent test report be attached to this application:

Fire Alarm: ☐

Sprinkler: ☐

Kitchen Hood Suppression System: ☐

Fire Extinguishers ☐

Belmont Fire Department Use Only:

Inspection Date: _____ Approved ☐ Disapproved ☐

Inspector: _____

Comments: _____

Fire Prevention Inspection Checklist

RC-Form B

Housekeeping & Maintenance

	Yes	No	N/A
1. No Smoking Signs posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No Smoking Regulations observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Flammables safely stored in approved containers away from combustibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trash/rubbish removal done on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All electrical plugs, switches, cords legal and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cords are not to run across doorways or under carpets or mats where they may be stepped on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No excessive use of cords from outlets (octopus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heat-producing appliances well ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical equipment turned off when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Malfunctioning electrical equipment immediately reported or taken out of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Areas are kept as clean and neat as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Materials stacked so as not to tip or fall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Corridors and doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire & Life Protection Systems

1. Adequate lighting in corridors, exits & stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exit signs illuminate as required (all lights work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evacuation routes adequately posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evacuation signs maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire doors not wedged or blocked open, especially stairwells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Stairwells free of obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Corridors and exits unobstructed (no storage, files or furniture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stairs, corridors and exits free of trip/slip hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire detection and alarm system tested regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fire sprinkler connections and shut-off valves visible and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.S.V. locked or alarmed.			
11. Fire sprinkler heads clean and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adequate clearance for extinguishers and hoses (3 feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fire equipment in proper locations and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fire evacuation director and assistant positions updated and fully staffed and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. All occupants instructed on evacuation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Camp Location: _____

Inspection Date: _____

**TOWN OF BELMONT
HEALTH DEPARTMENT**

2015 DAY CAMP LICENSE APPLICATION

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Camp Director E-mail: _____

Name of Camp Owner: _____

Off-Season Address: _____

Off-Season Telephone: _____

Type of Camp: Day _____ Residential _____

 Sport _____ Non-Sport _____

 Primitive/Travel/Trip _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Maximum Number of Campers on Any One Day _____

Maximum Number of Staff on Any One Day _____

(Details of camper/staff ratios to be given on Page 3 of this application.)

Fee Enclosed: _____

I have a copy of the camp regulations (105 CMR 430.000). I have read the regulations and will to the best of my ability maintain compliance with these regulations.

Signature of Applicant

Date

Camp Director

Name: _____

Age: _____

Coursework in camping administration: _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): _____

MA License Number: _____

Health Supervisor

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C): _____

Aquatics Director

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

Expiration date: _____

Previous aquatics supervisory experience: _____

2015 Group and Staffing Information:

This part of the application is designed to give you as much flexibility as possible, but still give the Health Department a complete picture of your camp's recreational program. You may substitute other kinds of documents that you already use and fill in the information below. We are flexible, but need to know how many groups of campers will be in a particular session, what the age range will be, the staff to camper ratio, what staff members are assigned to each group, and the type of activity. Use extra sheets as needed.

[illegible]

Space and Location:

List all spaces inside and outside of the facility that will be used by camp staff and campers. Most of the spaces will probably already have been inspected by the Building Department so that a Certificate of Inspection will automatically be sent to the Health Department. If a space has not been inspected, an inspection will be set up by the Building Department. Glenn Clancy is the Director of Community Development and is your contact for camp issues.

Description of Space and Location:

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

CERTIFICATION THAT STATE TAXES ARE FILED AND PAID. Pursuant to MGL, Chapter 62C, Section 49A, the following certification must be completed and attached to the application:

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law including, without limitation, all real estate taxes and excise taxes due the Town of Belmont. My Social Security Number (voluntary) is _____ or my Federal Tax Identification Number (mandatory) is _____.

SIGNED BY: _____

COMPANY NAME _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

HEALTH CARE CONSULTANT AGREEMENT

NAME OF CAMP

ADDRESS OF CAMP

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below.

430.159(A) Health Care Consultant A designated Massachusetts licensed physician, nurse practitioner or physician assistant with pediatric training as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders to be followed by the on-site health supervisor in the administration of his/her related duties.

If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy A written medical policy, approved by the local board of health and by the camp health care consultant. Such policy shall include, but not be limited to, daily health supervision, infection control, handling of health emergencies and accidents, available ambulance services, provision for medical, nursing and first aid services, the name of the designated on-site camp health supervisor, the name, address and phone number of the camp health care consultant required by 105 CMR 430.159(A) and the name of the health supervisor required by 105 CMR 430.159(E), if applicable.

430.160(C) Administration of Medication The health care consultant shall acknowledge in writing a list of all medications administered at the camp.

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A). I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

Print Name

Title

Signature

MA License/Registration Number

Address

Telephone Number

Date: